

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

May 9, 2005

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Ramos Pizza Pub & Busters BBQ, 2435 South 48th Street requesting that Jeffrey Dodge be approved as the manager of the class I liquor license.

Background information on Mr. Dodge will be omitted as he has been approved by the Council as the current owner of the establishment.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police







N5-047853

PH: 5/23/05@5:30m

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rude

> Executive Director 301 Centennial Mall South, 5th Floor

P.O. Box 95046 Lincoln, Nebraska 68509-5046 Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY) web address: http://www.nol.org/home/NLCC/

May 4, 2005

City Clerk of Lincoln City/County Building 555 S 10 Street Lincoln, NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

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OHTY OF LINCOLN

NEBRASKA

The corporation Ramos Pizza, Inc has submitted the enclosed Application for Corporate Manager. The establishment has the following liquor license(s) Class I #62120. The applicant's name is Jeffrey D Dodge.

Please present this application to your City/County Council and return the results of the action taken to our office. If you have any questions or comments, please give me a call at (402) 471-4881.

Sincerely,

Jackie B. Matulka Licensing Division

Enclosure

Rhonda R. Flower Commissioner

Bob Logsdon Chairman

R.L. (Dick) Coyne Commissioner

Application for Corporate Manager

Must Be A Nebraska Resident Please submit in Triplicate

RECEIVED

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509 Phone: (402) 471-2571 Fax: (402) 471-2814

Web address: http://www.nol.org/home/NLCC/

MAR 21 2005

	LIQUOR	LICENSE INFOR	CMATION		\U						
NAME OF LICENSED CORPORATION			CLASS & LICENSE NUMBER CLASS								
V Kamos Pizza	Ramos Pizza Inc.			 							
TRADE NAME OF LICENSED PREMISE		62/20									
V Ramos Pizza Pub + 1	Buster's	BBQ									
STREET ADDRESS OF LICENSED PREMISE		COUNTY			ZIP CODE						
2435 S. 48 15	ncoln	Lancastir			68506						
On behalf of the corporation, I designate this indiv	idual as corpor	rate manager.	/			00000					
Signature of Corporate President/CEO:											
APPLICAN	T INFOR	MATION (MUS	T BE 21 OF	e (O) VIEW	l)						
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX F M	SOCIAL SECUR	ITY NUMBER	DATE	OF BIRTH	PLACE OF BIRTH					
Dodge, Jeffrey, Dale	I (IVI	F (M)				Sioux Falls					
HOME STREET ADDRESS		CITY	COUNTY	4.33	STATE	ZIP CODE					
415 N. 44th #1216	7	Lincoln	Lanc	astr-	NE	68503					
HOME TELEPHONE NUMBER (%2) 430 - 2579	BUSINESS	TELEPHONE NUME				NUMBER & STATE					
	The state of the s	83-5050				NOWIDER & STATE					
SPOUSE'S INI	ORMATI	ON (IF NOT M	ARRIED IN	iDi(eAti	E)	.,,					
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	SOCIAL SE	SOCIAL SECURITY NUMBER DRI & S'			DRIVERS LICENSE NUMBER & STATE						
Not Married											
ATE OF BIRTH: PLACE OF BIRTH											
1. READ CAREFULLY. Answer completely	and accurate	ely.			7						
charge means any charge alleging a falony or	their spouse	e, ever been convicte	d of or plead gr	ilty to an	y criminal c	charge. Criminal					
Of resolution. List the nature of the charge rule		0. 4. 404010	u or state law, o	ir a violat	ion of a loca	al law ordinance					
charges pending at the time of this application. Yes No	If more than	one party, please lis	st charges by ea	ch individ	lual's name	lea. Also list any					
		· · · · · · · · · · · · · · · · · · ·									

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise

YES

 \square_{NO}

62120 Par April '04

3. Have you or your spouse ever made a compros	mise settlem	nent for viola	tion of such laws?						
4. Do you, as a manager, have all the qualification Nebraska Liquor Control Act (§53-131.01) YES □NO	ons required	by any perso	on entitled to hold a Nebraska	Liquor Lic	cense?				
5. Have you filed fingerprint cards and PROPER YES	R FEES (if o	check, make	out to the NE State Patrol), wi	th this app	lication?				
RESIDENCES FOR THE PA	AST 10 YE/	ARS, APPLI	CANT AND SPOUSE MUS	l COMPI	ETF				
APPLICANT: CITY & STATE	YEA FROM		USE: CITY & STATE			YEAR TO			
Lincoln NE	84 P	resent							
	-								
France									
YEAR NAME OF EMPLOYER	JYERS - L	IST LAST 1	WO EMPLOYERS						
FROM TO NAME OF EMPLOYER			NAME OF SUPERVISOR TEI			LEPHONE NUMBER			
April 93 present Self-employed,	Ramos D.	-224 Tax							
'92 '93 Dominous PizzA		269 2016.		_					
PERSONAL DATH AND CONSENT (REATTION -	VEISTERP STANDARD DV	illo Vasassa					
STATE OF NEBRASKA)			OCCUPATION OF THE PROPERTY AND THE PROPERTY OF	PLR AN	a spou	SE			
) SS									
COUNTY OF									
The above individual(s), being first duly sworn upon oath, depose application, that said application has been read and that the contents the applicant(s) shall be deemed guilty of perjury and subject to per	es and states that thereof and all	at the undersigner	l is the applicant and/or spouse of app ined therein are true. If any false stater	licant who man	akes the above in any part of t	e and foregoing			
The undersigned applicant hereby consents to an investigation of the		(o 101.01) Neoraska Elquor Control A	Ct.					
Federal), and bank or lending institution records, and said applicant Control Commission and any other individual disclosing or releasing	and spouse wait	ve any rights or co	cords of every kind and description incl auses of action that said applicant or spo	uding police r ouse may have	ecords, tax rec against the N	ords (State and ebraska Liquor			
amount of non participation may be attached.			- 21quel Control Commission. Il spou	se has NO int	erest directly o	or indirectly, an			
The undersigned understand and acknowledge that any license issued is incomplete and inaccurate.	d, based on the ir	nformation submi	tted in this application, is subject to can	ellation if the	information co	ontained herein			
			(-					
Simboliz									
Subscribed in my presence and supplicant		Signature of Spouse (if applicable)							
Subscribed in my presence and sworn to before me this 2/day of 2005.			Subscribed in my presence and sworn to before me this						
Margaret 1 Frahlate									
Notary Signature & Seal	1		Notary Signature & Seal						
MARGARET I. FRANKFORTER MY COMMISSION EXPIRES			(
October 11, 2008									